



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/DENTAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTY

We are required by The Health Insurance Portability and Accountability Act (HIPAA) to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect on May 1, 2006 and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices or for additional copies of this Notice, please contact the Family Dental Care of Oak Park office directly.

HOW WE MAY USE AND DISCLOSE MEDICAL/DENTAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical/dental information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- **For Treatment:** We may use and disclose your health information to a physician or other healthcare provider providing treatment to you.
- **For Payment:** We may use and disclose your health information to obtain payment for services we provide to you.
- **For Health Care Operations:** We may use and disclose your healthcare information in connection with our healthcare operations. These operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, and conducting training programs, accreditation, certification, licensing or credentialing activities.
- **Appointment Reminders:** We may use and disclose your health information to provide you with appointment reminders (such as voicemail messages, e-mails, postcards or letters).
- **Treatment Alternatives:** We may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- **Health-Related Benefits and Services:** We may use and disclose your health information to tell you about health-related benefits or services that may be of interest to you.
- **Individuals Involved in Your Care or Payment for Your Care:** If we see the need to release your health information to a friend or family member who is involved in your care or pays for your care, we will ask for oral consent or authorization from you to do so, depending on the circumstances. HIPAA provides that the Privacy Rules shall not interfere with effective patient care.
- **Your Authorization:** In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.
- **As Required By Law:** We may use or disclose your health information when required to do so by federal, state or local law.
- **Workers' Compensation:** We may use or disclose your health information for workers' compensation or similar programs.
- **Public Health Risks:** We may use or disclose your health information for public health activities. These activities generally include the following: to prevent or control disease, injury or disability; to report child abuse or neglect; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; and to notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities:** We may use or disclose your health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** If you are involved in a lawsuit or a dispute, we may use or disclose your health information in response to a court or administrative order. We may also use or disclose your health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.
- **Law Enforcement:** We may use or disclose your health information if asked to do so by a law enforcement official: in response to a court order, subpoena, warrant, summons or similar process; to identify or locate a suspect, fugitive, material witness, or missing person; or in emergency circumstances to report a crime, the location of the crime or victims, or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors:** We may use or disclose your health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death.
- **National Security and Intelligence Activities:** We may use or disclose your health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

- **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may use or disclose your health information to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with dental care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **Marketing Health-Related Services:** We will not use your health information for marketing communications without your written authorization.

PATIENT RIGHTS

You have the following rights regarding the health information we maintain about you:

- **Access:** You have the right to inspect and copy your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must submit your request in writing to the Family Dental Care office to obtain your health information. We will charge you a reasonable, cost-based fee for expenses such as copies and staff time to fulfill your request. If you request copies we will charge you \$.05 per page, \$10.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternate format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Please contact our office for a full explanation of our fee structure.
- **Amendment:** You have the right to request that we amend your health information. Your request must be in writing and explain why the information should be amended. We may deny your request under certain circumstances.
- **Disclosure Accounting:** You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes other than treatment, payment or healthcare operations of the office. To request this list or accounting of disclosures, you must submit your request in writing to the Family Dental Care office. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. If your request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.
- **Restrictions:** You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency). To request restrictions, you must make your request in writing to the Family Dental Care office. In your request you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply.
- **Confidential Communications:** You have the right to request that we communicate with you about medical/dental matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by regular mail. To request confidential communication, you must make your request in writing to the Family Dental Care office. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Electronic Notice:** If you receive this Notice on our website of via e-mail, you are entitled to receive this notice in written form.

QUESTIONS AND COMPLAINTS

If you would like more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information, or to have us communicate with you by alternative means or at alternative locations, you may contact us directly at the Family Dental Care office. You may also submit a written complaint to the U.S. Department of Health and Human Services. Upon request we will provide you with the address to file your complaint with the U.S. Department of Health and Human Services.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: _____

Phone: _____ Fax: _____

E-mail: _____

Address: _____

PATIENT'S ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, have received a copy of the Notice of Privacy Practices of Family Dental Care of Oak Park/James E. Scapillato, D.D.S.

Please print your name: _____

Please sign and date: _____

I decline to sign the Acknowledgement.

FOR OFFICE USE:

The office was unable to attain a signed Acknowledgement form from the above patient for the following reason(s):

